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PTO/SB/83 (11-96)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/850,184
Filing Date	05/07/01
First Named Inventor	Buswell et al.
Group Art Unit	2131
Examiner Name	n/a
Attorney Docket Number	Wyse-006

To: Assistant Commissioner for Patents
Washington, DC 20231

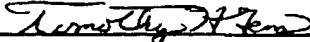
I hereby apply to withdraw as attorney or agent for the above identified application.

The reasons for this request are:

Requested by client.

- The correspondence address is NOT affected by this withdrawal.
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OR			
<input checked="" type="checkbox"/> Firm or Individual Name	Mr. James Eakin		
Address	3150 Porter Drive		
Address			
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Telephone	650-813-5000	Fax	
This request is enclosed in triplicate.			
Name	Timothy H. Gens		
Signature			
Date	02-28-02		

**NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.**

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